MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-032733

STATE FILE NUMBER

Registration District No. **318** — Primary Registration District No. **1003** — Registrar's No. **8218**

FILED SEP 10 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — BY AFFIDAVIT OF

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USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT — MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** — Length of stay in 1b **1 Month**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Louis State Hosp** — Inside Limits Yes **X** No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** — b. COUNTY

c. CITY OR TOWN **St. Louis** — Inside Limits Yes **X** No ☐

d. STREET ADDRESS **1518 A. McCausland Ave** (If outside, give location) — Reside on Farm Yes ☐ No **X**

3. NAME OF DECEASED (Type or print) — First **Richard** — Middle **Frederick** — Last **Mueller**

4. DATE OF DEATH Month Day Year **8-20-1962**

5. SEX **Male** — **6. COLOR OR RACE** **White** — **7.** Married ☐ Never Married ☐ Widowed **X** Divorced ☐ — **8. DATE OF BIRTH** **2-8-1873** — **9. AGE (last birthday)** **89 Yrs** — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** — **10b. KIND OF BUSINESS OR INDUSTRY** **Retired** — **11. BIRTHPLACE** (City and state or country) **Switzerland** — **12. CITIZEN OF WHAT COUNTRY** **U.S.A.**

13a. FATHER'S NAME **Peter Mueller** — **13b. MOTHER'S MAIDEN NAME** **Unknown** — **14. NAME OF HUSBAND OR WIFE** **Lena (Deceased)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** — **16. SOCIAL SECURITY NO.** **None** — **17. INFORMANT** **Edward R. Mueller 1518 A. McCausland** Address **(17)**

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) *Coronary Thrombosis*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO **X**

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **20f. CITY, TOWN, OR LOCATION** — COUNTY — STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____

Death occurred at **6:55 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE *Paul J. Simon* (Degree or title) *Deputy Coroner* — **22b. ADDRESS** *1300 Clark* — **22c. DATE SIGNED** **8/23/62** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** — **23b. DATE** **8-25-1962** — **23c. NAME OF CEMETERY OR CREMATORY** **Mt. Olive Cemetery** — **23d. LOCATION** (City, town, or county) **Lemay (25) Mo**

24. FUNERAL DIRECTOR ADDRESS **Fendler Und. Co 7420 Michigan Av (11)** — **25. DATE RECD. BY LOCAL REG.** **AUG 23 1962** — **26. REGISTRAR'S SIGNATURE** *Karl Smith, M.D.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed _W. G. Peterson_
　　　　　　Signature of Student Embalmer

　　　　　　　　　　　　　　　　　　　　　　　　Licensed Embalmer No. _3767_

　　　　　　　　　　　　　　　　　　　　　　　　P. O. Address _7420 Michigan_ 11

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
　　　If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
　　　If this body is not embalmed, fact should be so stated above.